

CHAPTER 1. ORGANIZATION AND PERSONNEL

Section A - Organization.

1. Mission of the Coast Guard Health Services Program.
 - a. The Health Services Program supports Coast Guard missions by providing quality health care to maintain a fit and healthy active duty corps, by meeting the health care needs of dependents and retirees to the maximum extent permitted by law and resources, and by providing authorized occupational health services to civilian employees.
2. Director of Health and Safety.
 - b. Mission. The mission of the Director of Health and Safety is to:
 - (1) serve as advisor to the Secretary of Transportation;
 - (2) serve as advisor to the Commandant; and
 - (3) develop and implement the Coast Guard's overall health care program.
 - c. Duties and Responsibilities. Under the general direction and supervision of the Commandant, Vice Commandant, and the Chief of Staff, the Director of Health and Safety shall assume the following duties and responsibilities:
 - (1) serve as Program Director (PD) for the Health Services Program (G-WKH), and the Safety and Environmental Health Program (G-WKS);
 - (2) act as advisor to the Commandant in providing counsel and advice on:
 - (a) health care issues affecting operational readiness and quality of life in the Coast Guard;
 - (b) interdepartmental and interservice agreements for health care of Coast Guard personnel;
 - (c) the significance of legislative matters affecting the Coast Guard Health Services and Safety and Environmental Health Programs; and
 - (d) important developments in the Department of Defense and the Department of Health and Human Services which affect the Coast Guard Health Services and Safety and Environmental Health Programs;
 - (3) serve as advisor to the Secretary in developing and implementing departmental national defense emergency medical, health, and sanitation policies and plans (except those involving civil aviation) and such other advisory services that may be required or requested;

- (4) plan, develop, and administer a comprehensive, high quality health care program (quality is defined as the desired level of performance against established standards and criteria) for all authorized beneficiaries;
- (5) plan, develop and administer a comprehensive program for the prevention of illness and injury of Coast Guard personnel and dependents, to reduce losses, and protect the environment in Coast Guard working facilities and living spaces/by establishing and maintaining adequate safety and environmental health standards for aircraft, vessel, shore facilities, and motor vehicle; providing information and encouragement to beneficiaries for personal wellness programs and providing healthy and pleasing meals at Coast Guard dining facilities;
- (6) administer TRICARE Management Activity (TMA), including the appropriation of funds, on behalf of the Coast Guard as provided in the Dependents Medical Care Act and regulations pursuant thereto;
- (7) monitor and protect the health of personnel attached to the Coast Guard through the Occupational Medical Surveillance and Evaluation Program (OMSEP);
- (8) direct the administration of funds in those appropriations or allotment fund codes under the control of the Office of Health and Safety, including furnishing total budget estimates and apportionment or allotment recommendations to the Chief of Staff;
- (9) advise responsible offices concerning establishing physical standards for military duty and special operational programs;
- (10) procure and recommend assignments to the Commander, Coast Guard Personnel Command (CGPC), and review the performance of Public Health Service personnel detailed to the Coast Guard;
- (11) provide professional health care guidance to all health services personnel;
- (12) maintain liaison with the Public Health Service, the Department of Veterans Affairs, the Department of Defense, and other Federal agencies and serve on interservice boards and committees as appointed;
- (13) set policy and guidelines for the subsistence program;
- (14) provide technical advice to operating program managers;
- (15) set policy and guidelines for health care quality assurance; and act as the Governing Body for Coast Guard health care;
- (16) set policy and guidelines for the Alcohol Abuse Prevention program; and
- (17) serve as a member of the Human Resources Coordinating Council.
- (18) administer the Coast Guard Emergency Medical system.

- (19) Public Health Service. The responsibility of the Public Health Service for providing physicians, dentists, and other allied health personnel support to the Coast Guard is set forth in 42 USC, 253. These personnel are provided on a reimbursable basis and are subject to Coast Guard regulations and the Uniform Code of Military Justice (UCMJ).
3. Health and Safety Division, Maintenance and Logistics Commands MLC (k).
- a. Mission. The mission of MLC (k) is to:
- (1) interpret and implement health care policies as set forth by the Commandant;
 - (2) develop and implement the Coast Guard's overall Health Services, and Safety and Environmental Health Programs for the Area; and
 - (3) serve as Health Care Advisor to Commander, Maintenance and Logistics Command.
- b. Functions and Responsibilities. Under the direction and supervision of the Commander, Maintenance and Logistics Command (MLC), the Chief, Health and Safety Division shall:
- (1) act as Medical Advisor to the Area commander in providing counsel and advice on:
 - (a) interagency and interservice agreements for health care of Coast Guard personnel;
 - (b) the significance of legislative matters affecting the Coast Guard health care program; and
 - (c) important developments in the Department of Defense which affect the Coast Guard health care program.
 - (2) serve as advisor to the Area commander in developing and implementing national defense emergency medical, health, and sanitation policies and plans;
 - (3) plan, develop, and administer a comprehensive health care program for all beneficiaries;
 - (4) develop health services mobilization requirements and support documents;
 - (5) review and act on requests for contract health care services;
 - (6) act as contract technical representative in reviewing health care contract proposals;
 - (7) administer the health care quality assurance program;
 - (8) administer the Safety and Environmental Health Programs;
 - (9) administer the Alcohol Abuse Prevention program;
 - (10) develop and implement pharmaceutical support services;

- (11) be responsible for providing funding for direct health care expenditures;
 - (12) be responsible for the general oversight of health care budgets;
 - (13) be responsible for the oversight of general clinic policy to include setting standards for clinic operations and prioritizing of clinic functions;
 - (14) designate clinics as catchment area patient management sites;
 - (15) maintain liaison with U. S. Public Health Service, the Department of Veterans Affairs and the health departments of the Department of Defense and other Federal agencies within you area of responsibility; and
 - (16) be responsible for the general oversight of the subsistence program by providing assistance to Coast Guard units (ashore and afloat) to ensure the maintenance of high quality food service operations.
- c. In addition, the MLC (k)s shall have the right, in coordination with unit commanding officers, to detail health services personnel (officer and enlisted, Coast Guard and Public Health Service) for special assignments including meeting short-term staffing needs.
4. Responsibilities of Commands with Health Care Facilities. Unit commanding officers shall be responsible for:
- a. oversight of clinic procurements;
 - b. ensuring adherence to policies, military regulations and general administrative procedures,
 - c. funding for administrative and non-health care expenditures for clinics;
 - d. maintenance, repair and general support of clinic facilities;
 - e. ensuring compliance with action items required by quality assurance site surveys; and
 - f. working with the appropriate MLC in fostering quality, productivity, and operating efficiencies.

Section B.- Personnel.

1. General Duties of Medical Officers. The principal duty of medical officers is to understand and support the operational missions of the Coast Guard. Medical Officers include Physicians, Physician Assistants (PA/PYA), and Nurse Practitioners (NP) who are members of the Coast Guard or Public Health Service detailed to the Coast Guard. Medical officers are required to have appropriate certification or licensure while assigned to the Coast Guard. Physicians must have an unrestricted state license to practice medicine. See 1-B-11 for nurse practitioner and physician assistant credential requirements. Civilian medical practitioners (under contract to the Coast Guard or GS employees) assigned to a medical treatment facility are considered medical officers to the limits defined by the language of their contract and/or job description. Civilian medical practitioners who have a contract with the Coast Guard to see patients in their private offices are not considered medical officers for the purpose of this instruction.

- a. General Responsibilities.

- (1) Medical officers must keep informed in all fields of general and military medicine and shall:
 - (a) ensure the fitness for unrestricted worldwide duty of active duty personnel;
 - (b) provide health care for all eligible beneficiaries as authorized by applicable laws and regulations;
 - (c) make appropriate referrals of eligible beneficiaries following existing policy and regulation;
 - (d) treat sick and injured personnel;
 - (e) prevent and control disease;
 - (f) promote health;
 - (g) give advice on such matters as hygiene, sanitation, and safety;
 - (h) recommend duty status of active duty personnel and Coast Guard civil service employees;
 - (i) ensure that each patient is notified of results of all PAP smears, mammograms, biopsies, pregnancy tests, and all tests that are abnormal or whose results indicate a need to initiate or change treatment.
 - (j) thoroughly understand all operational missions of the unit, units within the local area, and the human factors involved in performing them;

- (k) ensure that personnel are physically and psychologically fit for duty and attempt to learn of any unusual circumstances which might adversely affect their proficiency;
 - (l) maintain an active interest and participate in the local unit's safety program, assist the safety officers in planning, implementing, and coordinating the unit safety program, and advise the command on safety issues;
 - (m) be thoroughly familiar with the types of personal protective and survival equipment carried at the unit. Assist the engineering officer in maintaining and issuing the equipment, and be familiar with the Rescue and Survival System Manual, COMDTINST M10470.10 (series);
 - (n) actively participate in the unit physiology training program to ensure that personnel are capable of coping with the hazards of mission performance by presenting lectures and demonstrations which include, but are not limited to:
 - 1 fatigue
 - 2 emergency medicine,
 - 3 survival,
 - 4 disorientation,
 - 5 night vision,
 - 6 stress, and
 - 7 drug and alcohol use and abuse.
 - (o) ensure that HSs who participate in EMT operations maintain their certification, knowledge and Health Services skills in EMT operations, physiology;
 - (p) provide Health Services refresher training on emergency procedures; and
 - (q) participate in a program of continuing education in operational medicine including familiarity with information published for other branches of the Armed Forces.
- (2) Medical officers act as medical members in physical disability evaluation cases.
 - (3) Medical officers are responsible for advising commanding officers on: health status of personnel; nutritional adequacy, food handling and preparation;

heating, ventilation, and air conditioning; housing; insect, pest, and rodent control; water supply and waste disposal; safety; items sold in exchanges, commissaries, and other CGES facilities; the physical fitness of personnel; and immunization standards.

- b. Physical Examinations. Medical officers shall conduct physical examinations in accordance with Section 3-C of this Manual and in cases involving disability evaluation be guided by the Physical Disability Evaluation System, COMDTINST M1850.2 (series), and the Department of Veterans Affairs Publication, Physician's Guide for Disability Evaluation Examinations.
- c. Reports to Command. Report injuries to, or deaths of, personnel; damage, destruction, or loss of health services department property; and any other important occurrence, to the officer of the day or other command official for entry into appropriate log. Report any suspected child/spouse abuse to the commanding officer, family advocacy representative, and local law enforcement/child protective agency in accordance with Family Advocacy Program, COMDTINST 1750.7 (series), and other local, state, or Federal law. Report patients in serious or critical condition to the commanding officer or officer of the day, together with the information needed to notify the next of kin. Death imminent procedures are contained in the Physical Disability Evaluation System, COMDTINST M1850.2 (series).
- d. Educational Measures. Conduct health education programs, including disseminating information about preventing disease and other subjects pertaining to hygiene and sanitation.
 - (1) Sexually Transmitted Diseases. Conduct or supervise the instruction of personnel regarding sexually transmitted diseases and advise them of the associated dangers.
 - (2) First Aid Instruction. Conduct or supervise a program which will ensure knowledge and ability in first aid.
 - (3) Occupational Medical Surveillance and Evaluation Program (OMSEP). Conduct or supervise a program to indoctrinate personnel in the various aspects of occupational health and the OMMP.
 - (4) Human Immunodeficiency Virus (HIV). Conduct or supervise the instruction of personnel regarding (HIV) and advise them of the associated dangers.
 - (5) Wellness. Conduct or supervise a program to emphasize the importance of life-styles in maintaining health.
 - (6) Human Services. Conduct or supervise the instruction of Health Services personnel to ensure they are aware of all the services available to maintain a state of well being for personnel.

- e. Cooperation With Other Agencies. Cooperate with Federal, state, and local agencies for preventing disease, reporting communicable diseases, and collecting vital statistics.
- f. Designated Supervising Medical Officer (DSMO). Medical officers assigned as “designated supervising medical officer” (DSMO) will assume clinical responsibility for the treatment provided by each health services technician in their clinic for whom they are responsible. Assignments shall be made in writing and signed by the DSMO’s commanding officer. Clinical supervision and accountability is defined as follows:
 - (1) during normal clinic hours, HS consultation with the DSMO as determined by that medical officer, review 20 percent of each day’s new patient encounters seen only by the HS, and review 100 percent of all patient encounters seen only by the HS who return with no improvements. (Ideally these reviews would include the patient’s presentation to the medical officer.) The DSMO shall countersign all records reviewed.
 - (2) outside normal clinic hours, direct or telephone consultations as determined by the DSMO or duty MO; and, the following working day, a review of 100 percent of all visits seen only by the HS. The DSMO or duty MO shall countersign all records reviewed.
- g. Designated Medical Officer Advisor (DMOA). Health Services Technicians on independent duty (IDTs) shall have a “designated medical officer advisor” (DMOA) identified. The DMOA shall provide professional advice and consultation to the IDT. The cognizant MLC (k) shall apportion units with IDTs to units with medical officers attached. The cognizant MLC (k) shall make changes as necessary and forward such information to the affected units and Commandant (G-WKH). At the unit level, assignments shall be made in writing (addressed to the DMOA) and signed by the DMOA’s commanding officer, with copies to the IDT unit and the cognizant MLC (k). Assignment letters shall be addressed to the specific individuals involved, and new letters shall be issued following a change of DMOA or IDT. Professional advice and consultation, in this instance, is defined as follows:
 - (1) Telephone or radio consultation regarding specific cases as necessary between the HS and the DMOA. This does not preclude consultation between the HS and another Coast Guard medical officer, a medical officer of the Army, Navy, Air Force, or USPHS, or a physician under contract to the Coast Guard whose contract provides for such consultations; and
 - (2) Treatment record review: At the end of each quarter, the commanding officer of the independent duty HS or his designee (cannot be the HS) shall select at random 15 health records which have at least one entry made by the HS during the previous quarter. For each of these records, copies shall be made of all SF 600 entries during the quarter. Copies of the SF-600's shall be sealed in an envelope and marked for the **DMOA's Eyes Only**. The copies are then forwarded to the DMOA for review. The DMOA shall review these record

entries according to established criteria for record review at his/her facility. Each record entry (copy) shall be annotated “reviewed,” dated, and stamped with the DMOA’s name and pertinent comments concerning the record entry. One copy of the reviewed record entries shall then be returned to the HS via the unit’s commanding officer. A second copy of the reviewed entries shall be retained by the DMOA. Both the HS and DMOA copies shall be retained at the respective commands for a period of three years, for MLC review during QA site surveys. The record review shall be discussed with the HS in the quarterly phone contact between the DMOA and the HS. The DMOA is encouraged to provide input to the unit CO or XO regarding the professional performance of the independent duty HS.

- (3) Review of MLC quality assurance site survey reports for the independent duty site: The DMOA and HS shall review the MLC quality assurance site reports for the site. They shall collaborate on the required written plan of corrective actions which must be submitted to the MLC following the site survey. The DMOA should also consult with the unit commanding officer regarding the findings of the survey report.
2. Duties of Senior Medical Officers. The senior medical officer attached to a unit is responsible to the commanding officer of the unit for the provision of health services. In addition to the general duties of a medical officer, the senior medical officer is responsible for:
 - a. performing those duties as prescribed in Coast Guard Regulations, COMDTINST M5000.3 (series) if designated by Commander, Coast Guard Personnel Command (CGPC) as division chief;
 - b. advising the commanding officer of any deleterious environmental health factors;
 - c. supervising any assigned PYA/PAs and NPs including, on a monthly basis, random review of approximately five percent of the PYA/PA/NP’s charts for adequacy and appropriateness of treatment rendered;
 - d. in the absence of a pharmacy officer, maintaining antidotes for narcotics and poisons and ensuring only properly trained personnel are assigned to the pharmacy;
 - e. acting as the commanding officer’s representative on local emergency planning boards, and, during emergencies or disasters, furnishing advice to the commanding officer, formulating plans, and helping civilian authorities meet health care needs;
 - f. managing the quality of health care services provided;
 - g. maintaining liaison with the hospital commander or senior medical officer of nearby (75 miles) USMTF’s;
 - h. acting as quality assurance technical supervisor for all contracted health services;

- i. ensuring efficient and effective use of all assigned medical officers and civilian consultants;
 - j. preparing, through training and experience, health services technicians for independent duty assignments;
 - k. recommending to the command a designated supervising medical officer (DSMO) for each HS who provides medical treatment to patients; and
 - l. convening medical boards as appropriate in accordance with Chapter 3, Physical Disability Evaluation System, COMDTINST M1850.2 (series)
 - m. ensuring that all ancillary service areas (e.g., laboratory, radiology, etc.) maintain adequate policy and procedures manuals;
 - n. in conjunction with the MLC, providing professional oversight and establishing qualifications standards and privileging for assigned personnel, including contract, reserve and student providers;
 - o. assigning personnel and ensuring position and billet descriptions are accurate and that credentials and privileging requirements are met;
 - p. within general Coast Guard and unit guidelines, determining the priority and range of services for each beneficiary group;
 - q. maintaining liaison with counterparts in MTF, USTF, VA and private sector facilities;
 - r. preparing performance appraisals for assigned staff;
 - s. reviewing and ensuring accuracy of Clinic Automated Management System (CLAMS) and other statistical and informational reports;
 - t. ensuring that appropriate training is conducted on a regularly scheduled basis;
 - u. ensuring active participation and compliance with the Quality Assurance Program;
 - v. ensuring strict adherence to current infection control procedures and standards;
 - w. keeping the division chief informed;
 - x. other duties assigned by the Chief, Health Services Division.
3. Duties of Flight Surgeons. In addition to fulfilling the general duties of medical officers, flight surgeons must:
- a. thoroughly understand all operational missions of the aviation unit and participate as a flight crew member as required on MEDEVACS and to meet the requirements as

set forth in the Coast Guard Air Operations Manual, COMDTINST M3710.1 (series);

- b. be familiar with the operational missions of other Coast Guard units in the local area;
- c. obtain a general understanding of the flight characteristics of the aircraft assigned to the unit and be thoroughly familiar with the human factors involved in pilot and crew member interaction with the aircraft;
- d. be familiar with the Air Operations Manual, COMDTINST M3710.1 (series), with specific emphasis on Chapter 6, Rescue and Survival Equipment; Chapter 7, Flight Safety; and the sections of Chapter 3 (Flight Rules) dealing with protective clothing and flotation equipment;
- e. ensure that aviation personnel are physically and psychologically fit for flight duty and attempt to learn of any unusual circumstances which might adversely affect their flight proficiency, this includes getting acquainted with each pilot and crew member;
- f. make recommendations to the commanding officer concerning the health status of aviation personnel, and in particular, only a flight surgeon or aviation medical officer (AMO) shall issue “up” chits, except as noted in Section 3-G-2;
- g. maintain an active interest and participate in the air station flight safety program and assist the flight safety officer in planning, implementing, and coordinating the station flight safety program, and advising the command on the aeromedical aspects of flight safety;
- h. participate as the medical member of Aircraft Mishap Analysis Boards and, when so assigned, be responsible for completing the Medical Officer’s Report in accordance with Chapter 2 of Safety and Environmental Health Manual, COMDTINST M5100.47 (series);
- i. be thoroughly familiar with the types and uses of personal pro-protective and survival equipment carried on aircraft at the unit [The flight surgeon shall assist in inspecting the equipment, shall advise the engineering officer and aviation survival members in maintaining and issuing the equipment, and shall be familiar with Rescue and Survival Systems Manual, COMDTINST M10470.10 (series)];
- j. actively participate in the unit aviation physiology training program to ensure that aviation personnel are capable of coping with the hazards of flight by presenting lectures and demonstrations which include, but are not limited to:
 - (1) fatigue,
 - (2) emergency medicine,
 - (3) survival,
 - (4) disorientation,

- (5) night vision,
 - (6) reduced barometric pressure,
 - (7) crash injury avoidance,
 - (8) stress, and
 - (9) drug and alcohol use and abuse.
- k. advise the command on MEDVAC operations:
- l. ensure that HSs who participate in aviation operations maintain their knowledge and skills in aeromedical physiology, and provide refresher training lectures and demonstrations to emergency medical technicians (EMTs) and health services technicians on emergency medical procedures; and
 - m. participate in a program of continuing education in aviation medicine including familiarity with information published for flight surgeons by other branches of the Armed Forces.
4. General Duties of Dental Officers. The principal duty of dental officers is to support the Coast Guard operational mission by determining each member's fitness for unrestricted duty on a worldwide basis. Coast Guard dental officers are assigned to perform duties as general dental officers. Exceptions will be authorized in writing by Commander, Coast Guard Personnel Command (CGPC).
- a. General Responsibilities.
- (1) Coast Guard dental officers must stay informed in all fields of general and military dentistry and be responsible for:
 - (a) ensuring the fitness for unrestricted duty of active duty personnel on a worldwide basis;
 - (b) providing dental care for all eligible beneficiaries as authorized by applicable laws and regulations (ensure non-enrollment in United Concordia or Delta Dental before providing covered services);
 - (c) preventing and controlling dental disease (this includes performing dental prophylaxis);
 - (d) promoting dental health;
 - (e) referring eligible beneficiaries for dental treatment per MLC (k) SOP;
 - (f) prioritizing the delivery of dental care to meet Coast Guard unit operational readiness requirements;

- (g) ensuring that patients with gingivitis or periodontal disease have the opportunity to receive follow up care;
 - (h) ensuring that results of all biopsies are received and reviewed by a dentist to ensure that the appropriate action is taken;
 - (i) ensuring that when dental externs are assigned to the clinic, that a protocol is developed detailing lodging and subsistence arrangements, types of procedures allowed, available population to be treated and supervising dental officer responsibilities. The protocol must be signed by the Commanding Officer and provided to all participating dental schools;
 - (j) ensuring that procedures for handling medical emergencies within the dental clinic are clearly written and emergency drills are practiced periodically; and
- b. Dental examinations. Dental officers shall conduct the dental examination portion of physical examinations in accordance with Chapter 3 of this Manual. Dental examinations shall be conducted as soon as practical on personnel who report for duty so as to determine the need for dental treatment and to verify their dental records. Annual Type 2 dental examinations shall be conducted on all active duty personnel collocated with dental examiners (i.e., Coast Guard DOs, DOD DOs, or civilian contract dentists).
- c. Care of Mass Casualties. Dental officers shall be qualified to perform first aid procedures in order to treat or assist in treating mass casualties.
- d. State Licensure. While assigned with the Coast Guard, dental officers are required to have an unrestricted state license to practice dentistry.
- e. Continuing Education. Participate in a program of continuing training in operational medicine/dentistry including familiarity with information published for other branches of the Armed Forces.
- 5. General Duties of Senior Dental Officers. The senior dental officer is responsible for:
 - a. performing duties outlined in Coast Guard Regulations, COMDTINST M5000.3 (series) if designated by Commander, Military Personnel Command as division chief;
 - b. conducting an organized preventive dentistry and dental health education program for all eligible beneficiaries;
 - c. preparing, through training and experience, health services technicians for independent duty assignments;
 - d. overseeing the preparation of reports, updating the dental clinic policy and procedures manual, and maintaining records connected with assigned duties;

- e. overseeing the overall working condition, cleanliness and infection control of the dental clinic, which includes sterilization procedures, dental supply, equipment, publications maintenance, and the establishment of a preventive maintenance program for dental equipment and supplies;
- f. maintaining custody, security, and records of the dispensing of dental stores including all controlled substances and poisons under the cognizance of the dental branch, and maintaining antidotes for narcotics and poisons;
- g. issuing prescriptions for, and supervising the dispensing of controlled substances used in the dental branch;
- h. maintaining custody, security, and records of precious metals dispensed and ensuring that precious metals are reclaimed as required and necessary forms are filed with the Department of Treasury;
- i. managing the quality of dental care services provided;
- j. in conjunction with the MLC (k), providing professional oversight and establishing qualifications standards and privileging for assigned personnel, including contract, reserve and student providers;
- k. assigning personnel and ensuring position and billet descriptions are accurate and that credentials and privileging requirements are met;
- l. within general Coast Guard and unit guidelines, determining the priority and range of services for each beneficiary group;
- m. maintaining liaison with counterparts in MTF, USTF, VA and private sector facilities;
- n. preparing performance appraisals for assigned staff;
- o. and reviewing and ensuring accuracy of CLAMS and other statistical informational reports;
- p. ensuring that appropriate training is conducted on a regularly scheduled basis;
- q. ensuring active participation and compliance with the Quality Assurance Program.
- r. ensuring strict adherence to current infection control procedures and standards;
- s. keeping the division chief informed;
- t. other duties assigned by the Chief, Health Services Division.

6. General Duties of Chief, Health Services Division. The Chief, Health Services Division will:
- a. act as an advisor to the commanding officer regarding all health related matters;
 - b. under the unit executive officer, carry out the plan of the day as it pertains to the Health Services Division;
 - c. ensure that clinic performs Supporting Clinic duties for units designated by the cognizant MLC in their area of responsibility (AOR) IAW this instruction, cognizant MLC Instructions and SOP, and other pertinent directives. These duties include but are not limited to the following:
 - (1) Ensure the medical/dental readiness of all active duty personnel within their area of responsibility. This includes the review of health records and correction of deficiencies issues such as:
 - (a) Immunizations
 - (b) physical examinations
 - (c) annual dental exams
 - (d) HIV testing
 - (e) DNA specimen submission
 - (f) tuberculosis testing
 - (2) Provide pharmacy oversight to designated units via collateral duty Pharmacy Officer.
 - (3) Provide prime vendor pharmaceutical services to designated units via collateral duty Pharmacy Officers.
 - (4) Provide prime vendor medical/surgery services to designated units.
 - (5) Ensure that a Designated Medical Officer Advisor program is in place for designated units. This should include CPR/Lifesaver training to designated individuals.
 - (6) Provide physical examination review (approval/disapproval) to designated units.
 - (7) Ensure that health care delivery is provided in a timely manner to units for which a clinic is designated as their primary management site.
 - (8) Provide health benefits advice to designated units.

- (9) Assist with nonfederal medical and nonfederal dental preauthorization processing for designated units.
- (10) Assist with nonfederal invoice processing for designated units.
- (11) Assist with the timely completion of Medical Boards.
- d. ensure the medical/dental readiness of all active duty personnel within their area of responsibility;
- e. review the division AFC-30 and AFC-57 budget submittals;
- f. be responsible for the allocation of resources (personnel, funds, space, and equipment) within the division;
- g. when directed by the command, represent the division at staff meetings and ensure timely dissemination of the information to division personnel;
- h. prepare performance appraisals as appropriate and ensure that performance evaluations for all health services personnel are prepared and submitted in accordance with current directives;
- i. review all division reports;
- j. be responsible for the division training program, including rotation of personnel assignments for training and familiarization, in the health care delivery system;
- k. oversee clinic policies, procedures and protocols for compliance with this Manual, COMDTINST M6000.1B, MLC Instructions and S.O.P, and other pertinent directives;
- l. provide oversight with regard to applicable Federal, state, and local statutes and regulations;
- m. seek opportunities for cost reduction and enhancement of patient care through billet conversions, resource sharing, contracting, etc.;
- n. designate a clinic Quality Assurance Coordinator and ensure that the QA program is carried out;
- o. proctor student extern programs;
- p. proactively support and promote the command wellness program;
- q. participate in health care initiatives with local/regional DOD delivery systems, under Headquarters and MLC guidance;
- r. oversee and promote work-life issues pertaining to health care;

- s. ensure strict compliance to current infection control procedures and standards;
 - t. serve as chair of the Patient Advisory Committee;
 - u. oversee DSMO and DMOA programs;
 - v. in coordination with their respective MLC (k), establish their clinic as a Patient Management Site for units within their area of responsibility;
 - w. And perform other duties as directed by the Commanding Officer.
7. General Duties of Pharmacy Officers. While assigned with the Coast Guard, pharmacy officers are required to have an unrestricted state license to practice pharmacy. Pharmacy officers shall ensure that medications are acquired, stored, compounded, and dispensed according to applicable Federal laws in their primary and collateral duty clinics. This includes the direct supervision and management of the following:
- a. dispensing and labeling of all drugs, chemicals, and pharmaceutical products;
 - b. maintaining signature files for all health care providers;
 - c. providing patient-oriented pharmaceutical services including monitoring for appropriate drug therapy, allergies, therapeutic duplication, and medication interactions. Significant patient interactions should be documented on the SF-600;
 - d. providing verbal and written patient medication counseling when appropriate;
 - e. maintaining routinely stocked items at levels consistent with anticipated usage between regularly scheduled procurements of pharmacy supplies and determining the most effective expenditure of funds;
 - f. ensuring that security measures are instituted to prevent unauthorized entrance into the pharmacy or misappropriation of pharmacy stock;
 - g. receiving, safeguarding, and issuing all controlled substances as the command-designated custodian of controlled substances;
 - h. ensuring adequate quality control of all pharmaceuticals locally compounded;
 - i. maintaining current drug information files and a reference library of pertinent textbooks and professional journals;
 - j. implementing the decisions of the Pharmacy and Therapeutics Committee and serve as secretary of that committee;
 - k. inspecting monthly all clinic stocks of drugs and biologicals;
 - l. developing and maintaining a formulary for local use by medical and dental officers;

- m. informing the clinical staff of new drug information, policy changes, or other pertinent data on drugs;
 - n. participate in a program of continuing education in pharmacy or related fields;
 - o. maintaining, updating, and documenting monthly inspections of poison antidote and emergency drug supplies;
 - p. providing technical advice to the unit concerning drug testing, substance abuse, and other pharmaceutical matters;
 - q. providing guidance and advice to the medical staff on current immunization requirements,
 - r. serving as a resource for designated therapeutic categories of medications as they relate to the Coast Guard Health Services Allowance Lists, Core formulary, HS Drug Formulary and other drug lists, and.
 - s. participate in a program of continuing training in operational medicine/pharmacy including familiarity with information published for other branches of the Armed Forces.
8. Maintenance and Logistics Command Pharmacy Officers. Under the general direction and supervision of the Chief, Quality Assurance Branch, MLC, the MLC pharmacy officer shall:
- a. plan, develop and implement, within the resources available, an MLC-wide pharmacy quality assurance program to:
 - (1) review and evaluate the delivery of pharmaceutical services in support of mission operations, implement established policies pertaining to pharmaceutical services, and recommend appropriate changes, and
 - (2) monitor pharmacy operations, via quality assurance site visits, financial monitoring, and other workload indicators to ensure optimum utilization of personnel and financial resources.
 - b. plan and administer the acquisition and distribution of pharmaceuticals:
 - (1) review, analyze, and recommend the most efficient and cost effective means for providing pharmaceutical services throughout the Area, including the financial resources to be allocated to each operating facility under MLC oversight;
 - (2) monitor the procurement of controlled substances by Coast Guard units within the Area;
 - (3) provide to MLC (kqa) a system for the random monitoring of drugs procured from nonfederal sources.

- c. serve as pharmaceutical consultant on pharmacology, pharmacy, and drug utilization and provide technical pharmacy expertise, assistance, and advice to the MLC Commander and command elements within the Area;
 - d. provide guidance and advice regarding the evaluation, training, and justification for pharmacy personnel to meet operational needs of units within the Area;
 - e. provide liaison or representation to regional Federal and professional pharmacy groups and committees; and
 - f. administer and monitor the collateral duty assignments of pharmacy officers in their respective Area.
9. Environmental Health Officers.
- a. Duties: Environmental health officers are responsible for recognition, evaluation, and control of biological, chemical, physical, and ergonomic factors or stresses arising from the environment which may cause sickness, impaired health and well-being, or significant discomfort and inefficiency, property damage, or which could adversely affect the Coast Guard's industrial hygiene, pest management, radiological health, and sanitation. Specific responsibilities can include:
 - (1) planning, budgeting, implementing and directing an environmental health program to support commands within their geographic area of jurisdiction.
 - (2) conducting environmental health audits of Coast Guard facilities and operations in order to detect health hazards and noncompliance with applicable safety and environmental health laws, regulations, standards, and procedures. Facilities and operations include:
 - (a) work environments;
 - (b) storage, handling, treatment, and disposal of hazardous materials and hazardous waste;
 - (c) storage, handling, treatment, and disposal of infectious medical waste;
 - (d) food preparation, service and storage operations;
 - (e) solid wastes storage, handling, treatment, and disposal;
 - (f) pest management operations;
 - (g) potable water treatment, storage and distribution systems;
 - (h) waste water collection, treatment, and disposal system;
 - (i) housing facilities;

- (j) ionizing radiation sources;
 - (k) non-ionizing radiation sources;
 - (l) recreational facilities;
 - (m) health care facilities;
 - (n) child care facilities;
 - (o) laundry and dry-cleaning operations; and
 - (p) barber shop operations
- (3) providing technical assistance to units to abate deficiencies identified by the environmental health officer during the audit.
 - (4) monitoring ongoing hazard abatement actions to ensure that identified hazards are being eliminated promptly.
 - (5) providing environmental health training to commands within their jurisdiction.
 - (6) providing technical assistance to units on request to identify and abate health risks.
 - (7) reviewing engineering plans and specifications for new facilities and modifications to existing facilities to ensure conformance with environmental health standards and practices.
 - (8) serving as technical advisor to commands within their jurisdiction.
 - (9) initiating and conducting special health risk assessment studies.
 - (10) maintaining liaison with Federal, state, and local government agencies concerning environmental health for commands within their jurisdiction.
 - (11) advising commands when medical monitoring data indicates the possibility of occupationally-induced or aggravated disease and investigating possible causes so that corrective measures can be initiated.
 - (12) providing consultation, advice, and training on the occupational medical monitoring program to Coast Guard commands within their area of jurisdiction.
 - (13) enrolling personnel in the OMSEP when they meet the criteria of occupational exposure as defined in paragraph 12-A-2.
 - (14) disenrolling personnel from the OMSEP when they do not meet the criteria of occupational exposure as defined in paragraph 12-B-4.
- b. Reports. Environmental health officers shall submit reports to the appropriate MLC (k) about environmental health conditions observed during their surveys.

- c. Duty Limitations. Environmental health officers shall carry out all management functions required to operate the safety and environmental health program within their AOR. They may be required to perform only those technical duties for which they are trained. They may represent health services at various staff meetings in matters relating to the management and budgetary aspects of their assignment. They will be primarily responsible for special studies as in the case of monitoring chemical spill response and enforcement personnel. They will be responsible to the Commander, MLC (k) for proper implementation of the safety and environmental health program.
10. Clinic Administrators. Officers, Chief Warrant Officers (experience indicator 19), or senior enlisted personnel assigned to manage and administer health care facilities.
- a. Under the direction of the Chief, Health Services Division, manage the administrative functions required to operate the health care facility. The Clinic Administrator will not be required, nor attempt, to perform clinical duties for which he/she is not trained.
 - b. General Responsibilities. The Clinic Administrator will:
 - (1) plan, supervise, and coordinate general administration of the health services facility;
 - (2) prepare, submit, manage, and exercise fiduciary control and accountability over the health services division AFC-30 and AFC-57 funds;
 - (3) provide fiscal oversight over the acquisition of equipment and supplies;
 - (4) maintain a planned program of equipment maintenance and replacement;
 - (5) provide physical security of health services division supplies and pharmaceuticals;
 - (6) maintain liaison with other local agencies (military and civilian) in all health care related matters;
 - (7) provide resources to assist medical and dental officers in emergency care of the sick and injured when necessary;
 - (8) prepare the disaster preparedness plan as it relates to the health services division;
 - (9) prepare the heavy weather bill as it relates to the health services division;
 - (10) seek opportunities for cost reduction and enhancement to patient care through billet conversions, resource sharing, contracting, etc.;
 - (11) serve as an advisor to the chief, health services division on all administrative matters;
 - (12) oversee the supervision of enlisted personnel assigned to the health services division;

- (13) ensure that correspondence, reports, and records comply with appropriate instructions (i.e. Paperwork Management Manual, Coast Guard Correspondence Manual, etc.);
- (14) maintain an adequate health services division reference library;
- (15) train subordinates, conduct classes, instruct enlisted personnel in their duties, and supervise their study of regulatory and professional publications and courses for advancement in rating;
- (16) participate in a program of continuing education in Health Care Administration;
- (17) assist beneficiaries with health benefits information;
- (18) enforce standards of appearance and conduct of health services division personnel;
- (19) ensure that accurate, appropriate data is submitted to the CLAMS information system, CHCS system, etc.;
- (20) oversee clinic rotation assignments of Health Services Technicians;
- (21) implement clinic policies, procedures, and protocols, for compliance with Coast Guard regulations, the Medical Manual, MLC INST/SOP, and other pertinent directives;
- (22) ensure compliance with all applicable Federal, state, and local statutes, together with the medical, dental and pharmacy officers;
- (23) oversee and promote work-life issues pertaining to health care
- (24) serve as assistant chair for the Patient Advisory Committee;
- (25) ensure that enlisted personnel evaluations for members assigned to the health services department are prepared and submitted in accordance with the Coast Guard Personnel Manual;
- (26) provide administrative oversight in the areas of NONFED health care, contracts, and BPAs;
- (27) ensure that health care invoices are processed in accordance with MLC INST/SOP;
- (28) ensure that physical examinations comply with current standards;
- (29) promote and administer the unit's environmental sanitation program (in the absence of an environmental health officer); and
- (30) oversee the unit's Occupational Medical Surveillance and Evaluation Program (OMSEP), in the absence of an environmental health officer.

11. Physician Assistants (PA/PYA(s)) and Nurse Practitioners (NP).

- a. General Responsibilities. PA/PYA(s) and NP(s) responsibilities are defined in Section 1-B-1. Under the supervision of the senior medical officer they are subject to the duty limitations listed below.
- b. Duty Limitations.
 - (1) Senior Medical Officers (SMO) of units with mid-level providers (physician assistants or nurse practitioners) assigned shall assign clinical duties and responsibilities to each provider and shall be accountable for the actions of those providers.
 - (a) To determine the extent of oversight required, SMOs shall be guided by this section, the provider's clinical training and previous experience, by personal observation, and Chapter 13-C, Clinical Privileges.
 - (b) The SMO may delegate supervisory responsibility to another staff physician or certified mid-level provider (mentor). A copy of this delegation shall be filed in the non-certified provider's Professional Credentials File (PCF).
 - (c) Physicians responsible for supervising mid-level providers shall perform and document reviews of at least five percent of the mid-level provider's charts each calendar month for accuracy of diagnosis and appropriateness of treatment rendered.
 - (2) Physician assistants who are not certified by the National Commission on Certification of Physician Assistants (NCCPA), recent graduates who have not taken or passed the NCCPA examination, and nurse practitioners who have not taken or passed a specialty board examination offered by the pertinent nurse practitioner certifying organization, shall practice in Coast Guard facilities only under the following conditions:
 - (a) all health record entries shall be co-signed by a licensed or certified provider by the end of the next working day;
 - (b) all prescriptions, except for those on the Coast Guard HS formulary, shall be co-signed by a licensed or certified provider by the end of the next working day;
 - (c) when a supervisory provider is not present at the unit, noncertified mid-level providers shall be restricted to providing medical care, except for emergencies, to active duty members only;

- (d) noncertified mid-level providers may stand clinic watches providing a standby licensed or certified provider is available via telephone to discuss any questions or concerns; and,
 - (e) with the exception of operational emergencies, noncertified mid-level providers are not eligible for independent TAD assignments at locations where a supervisory provider is not present.
- c. Nothing in this section limits PA/PYA's or NP's access to any available source of information or advice during an emergency.

12. TRICARE Management Activity-Aurora (TMA) Liaison Officer.

- a. Responsibilities. The Coast Guard TMA liaison officer maintains liaison between TRICARE and Commandant (G-W) on matters of policy, operations, and program administration. This function will not involve the responsibility for formulating department policies. Departmental policies will continue to be developed by members of the liaison group for the Uniformed Services Health Benefits Program.
- b. Duties.
 - (1) Specific Duties. Specific duties include, but are not limited to the following:
 - (a) coordinate and assist, as necessary, in preparing and submitting uniform workload data for use in budgetary programming at departmental level;
 - (b) ensure timely notification to Commandant (G-W) concerning changes in TRICARE operational or administrative procedures;
 - (c) identify gaps in the TRICARE information program and recommend solutions;
 - (d) represent Coast Guard viewpoints on matters relating to TRICARE operational and administrative procedures;
 - (e) assist in developing future TRICARE information programs;
 - (f) keep the Coast Guard informed of problem areas relating to service beneficiaries and service health care facilities, where appropriate, and recommend changes which will benefit the TRICARE operation; and
 - (g) monitor purchases of high-cost equipment for use by TRICARE beneficiaries and make recommendations concerning future purchases as opposed to rental.
 - (2) Duties within TMA Liaison Division.

- (a) Investigate and respond to Presidential, Congressional, and beneficiary inquiries and complaints. Investigate and respond to inquiries concerning eligibility.
- (b) Make public presentations concerning program benefits to various groups.
- (c) Prepare special studies relating to program activities.
- (d) Serve as liaison representative for USPHS, DVA, and NOAA.
- (3) Other Duties. Participate in contract performance appraisal visits to the fiscal administrators. This function involves a comprehensive review and evaluation of the operations of the civilian agencies which, under contract, administer the program within each region.

13. Health Services Technicians.

- a. Rating Structure. The rating structure for health services technicians is contained in Group VIII, Enlisted Qualifications Manual, COMDTINST M1414.8 (series).
- b. General Duties of Health Services Technicians.
 - (1) The primary purpose of a health services technician is to provide supportive services to medical and dental officers and primary health care in the absence of such officers. In accordance with Paragraph 7-5-4, Coast Guard Regulations, COMDTINST M5000.3 (series), health services technicians shall not be detailed to perform combatant duties.
 - (2) In particular, health services technicians are responsible for all administrative aspects of health care and health record maintenance for both their command and subordinate commands without health services personnel attached. Geographically separate subordinate commands will retain responsibility for security (i.e. physical custody) of health records. In addition to the military duties common to all enlisted personnel, health services technicians perform health services department functions, such as:
 - (a) respond to calls for emergency medical assistance or evacuations (MEDEVACS);
 - (b) maintain appointments and appointment records;
 - (c) perform occupational medical monitoring duties;
 - (d) render first aid;
 - (e) perform tentative diagnosis and emergency treatment (In doing so, appropriate drugs, oral or injectable, may be administered as required in emergency situations to prevent or treat shock or extreme pain. In all

other incidents where injection of controlled substances is required, permission must be obtained from a physician prior to administration. In either case, the commanding officer shall be notified immediately and entries shall be made in the patient's health record.);

- (f) provide nursing care where trained;
 - (g) provide definitive treatment;
 - (h) provide prophylactic treatments;
 - (i) instruct crew members in first aid and oral hygiene;
 - (j) prepare materials (including sterile instruments) and medications for use;
 - (k) maintain military readiness of the health services division by complying with the appropriate Health Services Allowance List;
 - (l) perform administrative procedures in health care matters, maintain health and dental records current in all aspects;
 - (m) adhere to regulations, instructions, and control of precious metals, controlled substances, and poisons;
 - (n) exercise responsibility for all equipment and stores placed in their charge, and exercise personal supervision over their condition, safekeeping, and economic expenditure;
 - (o) maintain cleanliness of all health services spaces;
 - (p) provide services as a health benefits advisor; and
 - (q) assist in the processing of nonfederal health care requests and invoices.
- (3) Each HS who provides medical treatment to patients at a Coast Guard clinic staffed by one or more medical officers shall have a medical officer from that facility assigned in writing as his/her designated supervising medical officer (DSMO). The DSMO shall assume responsibility for all clinical treatment provided by the HS. Each independent duty HS, and HSs assigned to clinics without a medical officer, shall have a medical officer assigned in writing as his/her "Designated Medical Officer Advisor" (DMOA), to provide professional advice and consultation when needed. Refer to 1-B-1.f. and 1-B-1.g. for further details concerning DSMO/DMOA. Health services technicians assigned to units without a medical officer shall provide only "first response" emergency care to non-active duty personnel.
- (4) Care shall be taken during medical examinations which involve chest, genital, and rectal areas to afford maximum privacy and minimum exposure of the

patient. An attendant of the same gender as the patient may be requested by the patient during examination or treatment. Health services technicians are authorized to conduct examinations to include: auscultation, palpation, percussion, and visual inspection as indicated by the medical complaint. Exceptions to the above are:

- (a) health services technicians shall not perform:
 - 1 routine digital examinations of the prostate;
 - 2 routine examinations through instrumentation of the urethra; or
 - 3 routine gynecological examinations.
 - (b) such routine examinations shall be referred to a medical officer. In situations where no medical officer is readily available and such examination is necessary to provide emergency care, the health services technician is authorized to do so. If the HS and patient are of different gender, an attendant of same gender as the patient shall accompany the patient during the examination or treatment.
- (5) Participate in a course of continuing education, either clinical or administrative, through correspondence courses, resident courses, etc.

14. Health Services Technicians - Dental (HSDs).

- a. The primary responsibility of HSDs is to provide chairside assistance to dental officers.
- b. Additional duties include:
 - (1) Cleansing, sterilization, maintenance, and preparation of dental instruments;
 - (2) Cleansing, disinfecting, and maintenance of dental equipment and dental operatories;
 - (3) Preparing of dental materials;
 - (4) Assessing, referral, and treatment (under direct supervision of a dental officer) of common dental conditions;
 - (5) Charting dental conditions;
 - (6) Maintaining dental records;
 - (7) Exposure and development of dental radiographs;
 - (8) Providing oral hygiene instruction;
 - (9) Taking impressions and fabricating study models; and
 - (10) Performance of emergency intervention as necessary.

- c. HSDs may be assigned to supplement HS duty sections, HSDs may not stand watch independently.

15. Independent Duty Health Services Technicians.

a. Duties.

(1) General Duties.

- (a) Health services technicians on independent duty perform the administrative duties and, to the extent for which qualified, the clinical duties prescribed for medical officers of vessels and stations. (See Coast Guard Regulations, COMDTINST M5000.3 (series) and Section 1-B of this Manual.) They shall not attempt nor be required to provide health care for which they are not professionally qualified. They shall provide care only for active duty personnel, however they may provide care to non-active duty patients on an emergency basis. The filling of prescriptions for other than active duty personnel shall be strictly limited to emergency situations and to authorized stock on hand under the allowance list for the unit. They may, under the guidance set forth in Paragraph 10-A-6-h. of this Manual, establish non-prescription medication handout programs for eligible beneficiaries.
- (b) Health services technicians shall not be detailed to perform combatant duties in accordance with Paragraph
- (c) 7-5-4, Coast Guard Regulations, COMDTINST M5000.3 (series).
- (d) In accordance with the Personnel Manual, COMDTINST M1000.6 (series), commanding officers are authorized to use health services technicians for general duties except noted below:
 - 1 Health services technicians shall not be used for duties that require bearing arms (except for the limited purposes allowed by the Geneva Convention for their own defense or protection of the wounded and sick in their charge) even though the bearing of arms may be purely ceremonial.
 - 2 Health services technicians shall not be used for combat duties that are unrelated to health care or administration.

(2) Specific Duties.

- (a) Sanitation of the Command. Make daily inspections to ensure that appropriate sanitation practices are maintained.
- (b) Health of Personnel. Establish and maintain a system for determining those who need immunizations, tuberculin tests, X-rays, dental services,

and routine physical examinations. The system shall include all return appointments requested by physicians or dentists from outside referrals requested by the command.

- (c) Care of Sick and Injured. Hold daily sick call. Diagnose and treat patients within capabilities. When indicated, refer cases to facilities where medical or dental officers are available or, if this is not practical, obtain help and advice by radio or other expeditious means.
- (d) Procurement, Storage, and Custody of Property. All parts of the Health Services Allowance List (HSAL) Afloat, COMDTINST M6700.6(series), and Health Service Allowance List Ashore, COMDTINST M6700.5 (series) contain information needed for ordering and procuring supplies. The HSAL also contains procedures for storage and custody of property.
- (e) Reports. Prepare and submit reports required by Chapter 6 of this Manual and other directives.
- (f) Health Records. Maintain health records as required by Chapter 4 of this Manual. Ensure that all treatment records and/or consults from outside referrals are obtained and placed in the health record. In addition, ensure that each patient is notified of all physical exams, consultations, and diagnostic tests (i.e., pap smears, mammograms, biopsies, x-rays, etc.) performed at any facility prior to filing in the health record.
- (g) Training. Prepare and carry out a program for training non-medical personnel in first and self-aid, personal hygiene, sexually transmitted disease prevention, medical aspects of CBR warfare, cardiopulmonary resuscitation, etc., as part of the unit's regular training program.
- (h) Other Duties. As assigned by the commanding officer.

b. Reporting Procedures.

- (1) Policy. Upon reporting for independent duty, the health services technician shall consult with the commanding officer and executive officer to determine their policies regarding health care and the administration of the health services department.
- (2) Inventory. Obtain the unit Health Services Allowance List and inspect the inventory of all health services department equipment, supplies, and publications. Initiate action for repair, survey, or replenishment of equipment, supplies, and publications. Verify inventory records and check logs of controlled substances. Report any discrepancies to the commanding officer without delay. Amplification of requirements and procedures is contained in Chapters 8 and 10 of this Manual.

- (3) **Health Records.** Check health records against the personnel roster. Any missing records should be accounted for or requested from previous duty stations. If records cannot be accounted for within one month's time, open a new health record. Check health records for completeness, and if not current, obtain and enter all missing information to the fullest extent possible. (See Chapter 4 of this Manual for instructions pertaining to health records.)
 - (4) **Operational Readiness.** Ascertain the state of operational readiness of the health services department and advise the commanding officer. Operational readiness refers to the immediate ability to meet all health care demands within the unit's capabilities.
- c. **Responsibilities.** The commanding officer is responsible for the health and readiness of the command. The health services department is charged with advising the commanding officer of conditions existing that may be detrimental to the health of personnel and for making appropriate recommendations for correcting such conditions. Meticulous attention to all details and aspects of preventing disease must be a continuing program. It is imperative that shipboard and station sanitation and preventive health practices be reviewed constantly in order that any disease promoting situation may be discovered immediately and promptly eradicated.
- d. **Routines.**
- (1) **Daily Routines.**
 - (a) **Sickcall.** Hold sickcall daily at a time prescribed by the commanding officer.
 - (b) **Binnacle List.** Prepare the unit Binnacle List and submit it to the commanding officer. (See section 6-B of this Manual for instructions pertaining to the Binnacle List.)
 - (c) **Inspections.** The following shall be inspected daily:
 - 1 coffee messes;
 - 2 living spaces;
 - 3 heads and washrooms;
 - 4 fresh provisions received (particularly milk and ice cream);
 - 5 scullery in operation;
 - 6 drinking fountains;
 - 7 garbage disposals;

- 8 sewage disposals;
 - 9 water supplies;
 - 10 and industrial activities. (See Chapter 7 of this Manual and the Food Service Sanitation Manual, COMDTINST 6240.4(series)).
 - (d) Testing of Water. Perform water tests for chlorine/bromine content daily outside of CONUS and at all units that make or chlorinate/brominate their own water and record the results in the Health Services Log. Consult the Water Supply and Wastewater Disposal Manual, COMDTINST M6240.5 (series).
 - (e) Cleaning. Health services department spaces shall be cleaned daily and all used instruments cleaned and stored until sterilization can be accomplished.
- (2) Weekly Routines.
- (a) Health Services Logs. A health services log shall be kept by all activities and shall be submitted to the commanding officer for review, approval, and signature. Section 6-B of this Manual contains the information needed for maintaining the log.
 - (b) Inspections. Conduct sanitation inspection of the ship or station with emphasis on food service, living spaces, and sanitary spaces, specifically including food handlers, refrigerators and chill boxes, and galley spaces and pantries. Submit a written report to the commanding officer and make an appropriate entry in the health services log.
 - (c) Training. Conduct training in some aspect of health care or treatment unless required more frequently by the commanding officer or other directive.
 - (d) Hold field day.
 - (e) Resuscitators. Inspect and test resuscitators to ensure proper functioning. Record results in the health services log.
- (3) Monthly Routines.
- (a) Reports. Submit all required health services monthly reports, outlined by Chapter 6 of this Manual and other appropriate directives.
 - (b) Inspection of Battle Dressing Station Supplies. Monthly, inspect battle dressing station supplies to ensure adequate and full inventory. Check sterile supplies and re-sterilize every six months (refer to Health Services Allowance List Afloat, COMDTINST M6700.6 (series). Replace

expired or deteriorated supplies and materials. Enter an appropriate entry in the health services log indicating that the inspection was conducted and the action taken.

- (c) First Aid Kits. Inspect hinges and hasps to ensure that they are free from rust, corrosion, or excessive paint.

(4) Quarterly Routines.

- (a) Inventory of Controlled Substances. The Controlled Substances Inventory Board shall conduct an inventory, as required by Chapter 10 of this Manual, and submit a written report of the findings to the commanding officer.
- (b) Reports. Submit all required health services reports as outlined in Chapter 6 of this Manual and other appropriate directives.
- (c) Inventory. Conduct a sight inventory of all health services consumable supplies/equipment as required by Chapter 8 of this Manual and the Health Services Allowance List.
- (d) First Aid Kits. Inspect the contents to ensure adequate and full inventory. Replace expired and deteriorated supplies and materials. Make an appropriate entry in the health services log.

16. Coast Guard Beneficiary Representatives at Uniformed Services Medical Treatment Facilities (USMTF).

- a. Duties. Health Services Technicians may be detailed to duty as representatives at USMTF's where the Coast Guard patient workload warrants. The purpose of these assignments is to ensure, for active duty personnel:
 - (1) that Coast Guard authorities are provided prompt and current information concerning the status of Coast Guard personnel being treated;
 - (2) that Coast Guard personnel being treated receive necessary command administrative support;
 - (3) that the USMTF use the patient's Coast Guard health record and that entries are made in it or on forms that are filed in it; and
 - (4) that necessary health records and forms either accompany the patient or are forwarded to the command having custody of the health record.
- b. Responsibilities. The representative is responsible for the following:
 - (1) Notification of Patient Status. It is essential that the representative keep cognizant command levels advised of the status of Coast Guard patients admitted for inpatient treatment. The following procedures shall be used:

- (a) notify commands, by the most expedient means possible, within 24 hours of admission or discharge of members of their command.
- (2) Health Record Entries. The representative is responsible for ensuring that all information concerning inpatient hospitalization, (e.g., admissions, operative summaries, discharge summaries) which is required to be entered in the health record, is furnished to the command which maintains the patient's health record. The representative shall also make the USMTF aware that all entries or forms associated with outpatient medical and dental activity must be entered in the patient's Coast Guard health record.
- (3) Copies of Forms. The USMTF is responsible for completing and furnishing at least one copy of the following forms to the representative. The representative is responsible for preparing any additional copies needed.
 - (a) Inpatient hospitalizations:
 - 1 SF-502, Narrative Summary (or other discharge summary form), and
 - 2 Operative summary if surgery was done.
 - (b) Physical examinations:
 - 1 SF-88, Report of Medical Examination.
 - 2 SF-93, Report of Medical History.
 - 3 ANY specialty reports obtained pursuant to the physical examination.
 - (c) Initial and Disposition Medical Boards:
 - 1 NAVMED 6100/1, Medical Board Report Cover Sheet;
 - 2 SF-88, Report of Medical Examination;
 - 3 SF-93, Report of Medical History;
 - 4 SF-502, Narrative Summary;
 - 5 ANY specialty reports obtained pursuant to the physical examination;
 - 6 CG-4920, Patient's Statement Regarding the Findings of the Medical Board, signed by the patient;
 - 7 The command endorsement, Line of Duty/Misconduct Statement (if any), and members rebuttal (if any) should normally be done at/by the command.

- (4) Liaison and Assistance. The representative shall:
 - (a) Maintain liaison between the Coast Guard units in the area and the USMTF as follows:
 - 1 Clinical services to obtain timely appointments for Coast Guard personnel;
 - 2 Pharmacy to facilitate drug exchange with Coast Guard units; and
 - 3 Biomedical repair to help originate and maintain agreements for repair and maintenance of local Coast Guard medical equipment.
 - (b) Whenever possible, personally meet with each hospitalized Coast Guard active duty member and meet or phone the immediate family of the member, offering them assistance.
 - (c) In appropriate cases, channel other Coast Guard and DOD resources such as Mutual Assistance, Family Programs, Red Cross, etc. to assist hospitalized members and their dependents.
- (5) Assignment and Duties. Health Services technicians assigned to a USMTF as Coast Guard Beneficiary Representatives are attached to MLC (k) which will exercise military control over them. The representative is expected to comply with the rules and orders of the USMTF to which assigned, and is subject to the orders of the hospital commander. However, it is expected that any duties assigned will be consistent with the purpose noted in subparagraph 13a. above.

17. Coast Guard Representative at the Department of Defense Medical Examination Review Board (DODMERB).

- a. General. DODMERB is located at the USAF Academy, CO and is a joint agency of the military departments responsible for scheduling, reviewing, and certifying service academy and ROTC scholarship applicant medical examinations, and other programs assigned by the Office of the Assistant Secretary of Defense, Health Affairs.
- b. Responsibilities.
 - (1) As a member of DODMERB, the Coast Guard:
 - (a) establishes entrance standards for the Coast Guard Academy; and
 - (b) makes its health care facilities available for completing entrance physical examinations for all service academies.
 - (2) As a member of DODMERB, the Coast Guard liaison:
 - (a) is assigned as an examination evaluator/administrator; and

- (b) participates in implementing plans and organizational procedures for board actions.

c. Duties.

- (1) Maintain a current list of examining centers which includes dates and examination quotas.
- (2) Schedule examinations for the applicants.
- (3) Notify applicants and program managers of scheduled examinations.
- (4) Review and apply medical standards.
- (5) Notify applicants and program managers of the status and qualifications of applicants.
- (6) Provide copies of medical examinations and medical information to the various programs on applicants until they are no longer eligible.
- (7) Provide copies of medical examinations and medical information to eligible applicants as requested.

18. Health Benefits Advisors (HBA).

- a. Responsibilities. Individuals designated as Health Benefits Advisors (HBAs) at CGMTFs are responsible for advising and assisting beneficiaries concerning their health benefits. This individual shall:
 - (1) keep current on the TRICARE Program, Uniformed Services Family Health Benefits Program (USFHB) and on all other health benefits programs available for members, former members, and their eligible dependents;
 - (2) advise all beneficiaries on matters pertaining to healthcare benefits, including;
 - (a) obtaining Nonavailability Statements,
 - (b) using the local appeal system for Nonavailability Statements, and
 - (c) conducting a local information program on healthcare benefits;
 - (3) advise TRICARE beneficiaries on the relationship between TRICARE, DVA programs, Social Security, Medicare, insurance provided through employment, and the effect of employment and private insurance on benefits available under TRICARE:
 - (a) stress availability of TRICARE and explain financial implications of using non-participating providers,
 - (b) explain provider participation in TRICARE and explain financial implications of using non-participating providers,

- (c) provide beneficiaries the names and addresses of participating providers of the specific services the beneficiary requires, and
- (d) caution beneficiaries to verify that the provider participates in TRICARE at the time the services are provided;
- (4) coordinates TRICARE problem cases with MLC HBAs, TRICARE contractors and the Coast Guard liaison officer at TMA-Aurora when required;
- (5) assist beneficiaries in properly completing TRICARE claim forms;
- (6) serve as a single point of contact for all health benefits programs available to active duty and retired members and their dependents;
- (7) provide information and assistance based upon personal, written, or telephone inquiries concerning healthcare benefits;
- (8) keep beneficiaries informed of changes within the various programs, e.g., legislative changes affecting benefits available or other policy/procedures impacting upon the usage of civilian medical care. Provides for an ongoing program of lecture services, informational seminars, and group counseling to various beneficiary groups, service clubs, retirement briefings, etc.;
- (9) maintains liaison with local providers and encourages them to increase their acceptance of the TRICARE program, and;
- (10) maintains liaison with cognizant MLC HBA, and unit collateral duty HBAs in local area.

b. Training.

- (1) Individuals designated as HBAs must be trained in TRICARE benefits, exclusions, claims preparation, processing, cost sharing formulas, eligibility criteria, and alternatives to TRICARE.
- (2) Training Schedule.
 - (a) Requests for attendance at the TRICARE course should be submitted via the Chain of Command to the CG TRICARE Liaison Officer at TMA-Aurora.
 - (b) TRICARE course registration form is available at <http://www.TRICARE.osd.mil>. This form may be submitted electronically or by mail.
- (3) TMA-Aurora Liaison Staff Seminars. The Liaison Office at TMA-Aurora provides seminars for large beneficiary groups, e.g., recruiter, career counselor, etc. Arrangements for seminars should be made directly with CG Liaison.
- (4) Funding. Training requests for the TRICARE course will be funded by the cognizant unit, MLC, or Headquarters component.

- c. Sources of Reference Materials. HBAs shall acquire and become familiar with specific reference materials on Federal and nonfederal health programs. Specifically, as TRICARE policies change, the HBA shall maintain an updated reference library through distribution channels as outlined below:

- (1) TRICARE Information.
- (2) Contact: Coast Guard Liaison Officer
Commercial: (303) 676-3538
Website: <http://www.TRICARE.OSD.MIL>

Coast Guard Headquarters Distribution.
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TRICARE Standard Handbook 6010.46-H

- (3) TRICARE Claim Forms (DD-2642, OCT93)
Now available at Website: <http://www.TRICARE.OSD.MIL> or by contacting:

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5801 Tabor Avenue
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- (4) Referral for Civilian Medical Care (DD-2161).

May be printed locally by accessing CG Standard Workstation III, Jetform Filler Database or by contacting:

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- (5) Fiscal Intermediary Distribution by Region. Fiscal Intermediary Newsletter
- (6) Local Community. Local Publication - Social Services Directory

19. Dental Hygienists. Dental hygienists are licensed graduates of American Dental Association accredited schools of dental hygiene. Whether contract or active duty providers, they are authorized to treat beneficiaries in Coast Guard dental clinics under the oversight of a dental officer. Restrictions on the degree of required oversight and the scope of services vary from state to state.

- a. In the interests of standardization, quality assurance, and risk management, dental hygienists in Coast Guard health care facilities shall, in most circumstances, treat patients only when a dental officer is present for duty at the command. At the

discretion of the SDO, and in the interest of expediency, this guideline may be overridden if each of the following conditions is met on each patient:

- (1) Only active duty members are treated;
 - (2) A medical officer is present in the building;
 - (3) Patients' Periodontal Screening and Recording (PSR) scores are 10 or less; and
 - (4) The licenses of the SDO and dental hygienist are not jeopardized by this action.
- b. In every case, patients must receive a Type 2 examination by a dental officer no more than six months prior to treatment by a dental hygienist.
 - c. The Senior Dental Officer (SDO), or a staff dental officer designated by the SDO, shall review no fewer than 5% of the dental hygienist's patients for completeness of plaque/deposit removal and damage to hard/soft tissues. The responsible dental officer shall document these reviews in the patients' dental records.
 - d. The scope of the dental hygienist's services shall be governed by either the state in which the license is held or the state in which the clinic is located, whichever is more restrictive, and shall be itemized in the clinic's Standard Operating Procedures (SOP).
 - e. In some cases the state license may contain an addendum certificate which "privileges" the dental hygienist to administer injections of local anesthesia under the direct oversight of a licensed dentist. If the state in which the clinic is located also allows this, then the dental hygienist may deliver local anesthesia under the direct oversight of the dental officer. In all cases, the dental hygienist must possess specific credentials from the state of licensure allowing him/her to administer local anesthesia. "Direct oversight" shall mean that the dental officer personally has authorized the dental hygienist to administer local anesthesia to the specific patient being treated at the specific time (i.e., "blanket approvals" are not authorized). The dental officer shall be physically present in the clinic while local anesthesia is administered by the dental hygienist. While direct oversight does not require the dental officer to be physically present in the dental hygienist's operatory, the dental officer must be in the clinic and be capable of responding to an emergency immediately.
20. Red Cross Volunteers. Red Cross Volunteers are persons who have completed a formal training program offered by a Red Cross Chapter and have a certificate of successful completion. Red Cross training is a screening and educational tool that enables individuals with an interest in helping others to function as supervised medical assistants in the clinic.
- a. Responsibilities. Red Cross Volunteers are responsible for scheduling their time in the clinic with clinic staff, accepting supervision, and carrying out activities mutually agreed upon by themselves and the clinic. These duties must fall within the scope of duties for which Red Cross training has prepared the volunteer. Duties may include:

patient transport via gurney or wheelchair within the clinic; assessing and properly recording temperature, respiratory rate, heart rate, and blood pressure; acting as a chaperone during exams or treatment; assisting in specialty areas, i.e., laboratory (with appropriate additional training and supervision); answering telephones, filing and other clerical duties; cleaning and wrapping instruments.

- b. Supervision. Supervision of Red Cross volunteers is the responsibility of the Clinic Administrator and may be delegated.
- c. Orientation. Each volunteer must have an initial orientation to the clinic documented. Orientation shall include at least the following topics:
 - (5) Fire Safety,
 - (6) Emergency procedures (bomb threats, mass casualty, power outages, hurricanes/tornadoes),
 - (7) Universal precautions and infection control,
 - (8) Proper handling of telephone emergency calls,
 - (9) Phone etiquette, paging, proper message taking,
 - (10) Patient Bill of Rights and Responsibilities, to include confidentiality, and chaperone duties in accordance with Chapter 2-J-3-b of this Manual.

21. Volunteers

- a. Volunteer health care workers (HCW) who are not health care providers and who are members of the U. S. Public Health Service (USPHS), Department of Defense (DOD) or Coast Guard Auxiliary (AUX) shall work under the supervision of clinic staff and will provide support services that include but are not limited to: patient transport via gurney or wheelchair within the clinic, assessing and recording vital signs, acting as a chaperone during examination or treatment, clerical duties such as answering telephone or filing, cleaning and wrapping instruments, etc.
- b. Health care providers who are members of the USPHS or DOD who volunteer to work in Coast Guard clinics for up to fourteen days per year will not be required to apply to G-WK for clinical privileges.
 - (1) Volunteer providers in this category will submit a copy of a current active state license, copy of current clinical privileges and a current CPR card to the local clinic when they report in. They will also complete a request for clinical privileges appropriate to their category and submit to the local SMO/SDO. Volunteer providers can also submit a Credentials Transfer Brief in lieu of their license and CPR card.
 - (2) The SMO/SDO will evaluate the clinical privileges requested and by signing the request will authorize the provider to perform those health care services.

- c. Health care providers who are members of the USPHS or DOD who volunteer to work in Coast Guard clinics for more than fourteen days per year will be required to apply for clinical privileges from G-WK as described in Chapter 13-B, and C of this Manual.
- d. Health care providers who are members of the AUX will be required to apply for clinical privileges from G-WK as described in Chapter 13-B, and C of this Manual.
- e. Volunteer providers will work under the direct or indirect supervision of Coast Guard clinic providers.
- f. Each volunteer must have an initial orientation to clinic standard operating procedures which must be documented and must include at the minimum:
 - (1) Fire safety
 - (2) Emergency procedures (e.g., bomb threats, mass casualty, power outages, hurricanes/tornadoes)
 - (3) Universal precautions and infection control
 - (4) Proper management of telephone calls, emergency calls
 - (5) Telephone etiquette, paging, taking messages
 - (6) Patient sensitivity and confidentiality